

Budget Report

PROJECT NO.		STATE DEPARTMENT OF EDUCATION BUDGET REPORT						Name of Entity:	
COUNTY NO.		FUND PROGRAM		PERIOD BEGINS		PERIOD ENDS		PROGRAM	
DISTRICT NO.									
STATE (1)								ORIGINAL	
FEDERAL (2)								CHANGE	
								AMENDMENT NO.	
FUNCTIONS/CODES		SALARIES 100	EMPLOYEE BEN. 200	PURCHASED SER. 300	SUPP. & MAT. 400	CAPITAL OUTLAY 500	OTHER OBJECTS 600	TRANSFERS 700	TOTALS
NAME	No.							(Indirect Cost)	
INSTRUCTION	100								
INST.-BASIC (ADULT ED ONLY)	181								
INST.-SECONDARY (ADULT ED)	182								
ENGL LITERACY-ESL (ADULT ED)	183								
SUPPORT SERVICES	200								
PUPIL SERVICES	210								
INST. STAFF	220								
SUPERVISION OF SPEC. PROG.	223								
PUPIL TRANS (FED MANDATED)	261								
SCHOOL BUILDING	263								
OPER. & MAIN.	264								
FOOD SERVICES	268								
PUPIL TRANS-FIELD TRIPS	271								
COM. SERVICES	300								
PAYMENT TO CHARTER SCHOOL	410								
TRANSFERS	430								
TOTALS									

Mail to appropriate program office.

PROG EDIT SUB PROGRAM CLAIM MM DD YY ACTION

BUSINESS OFFICIAL DATE

PERSON COMPLETING FORM TELEPHONE

E-MAIL ADDRESS

FAX NUMBER

FIN-PAD01, 7/1/00

Expenditure Report

STATE DEPARTMENT OF EDUCATION EXPENDITURE REPORT

PROJECT NO.

COUNTY NO.

DISTRICT NO.

STATE (1)
FEDERAL (2)

SUB PROGRAM

CLAIM NUMBER

PERIOD BEGINS PERIOD ENDS

☐ FINAL REPORT

Name of Entity

PROGRAM

Mail to: State Department of Education
Office of Finance, Room 307
1429 Senate Street
Columbia, SC 29201

		OBJECT OF EXPENDITURES						
FUNCTIONS/CODES		SALARIES 100	EMPLOYEE BEN. 200	PURCHASED SER. 300	SUPP. & MAT. 400	CAPITAL OUTLAY 500	OTHER OBJECTS 600	TOTALS
NAME	NO.							
INSTRUCTION	100							
INST.-BASIC (ADULT ED ONLY)	181							
INST.-SECONDARY (ADULT ED)	182							
ENGL LITERACY-ESL (ADULT ED)	183							
SUPPORT SERVICES	200							
PUPIL SERVICES	210							
INST. STAFF	220							
SUPERVISION OF SPEC. PROG.	223							
PUPIL TRANS (FED MANDATED)	251							
SCHOOL BUILDING	253							
OPER. & MAINT.	254							
FOOD SERVICES	256							
PUPIL TRANS-FIELD TRIPS	271							
COM. SERVICES	300							
PAYMENT TO CHARTER SCHOOL	416							
TRANSFERS	430							
TOTALS								

CERTIFICATION: I hereby certify that the expenditures shown above have been incurred and paid in accordance with rules and regulations set forth in this program, that payment for this claim is not being duplicated or reimbursed from any other source, and that invoices and other pertinent records required to substantiate this claim are on file and available for audit.

SDE USE ONLY

PROG EDIT

SUB PROGRAM

CLAIM

MM

DD

YY

ACTION

SUPERINTENDENT'S SIGNATURE OR DESIGNEE

DATE

PERSON COMPLETING FORM

TELEPHONE

E-MAIL ADDRESS

FAX NUMBER